Attorney Docket No.

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

. PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title:						<u></u>			
ill in Appropriate			hereto. If not attached heret	o, the application is identified by	the attorney docket	number as set			
nformation -	forth above and/or the	ne ronowing:				as			
or Use Without	The specification was filed on								
Specification	and amended or	(if applicable	(if applicable) and/or						
Attached:	the specification		_ as PCT						
Insert Priority Information: (if appropriate)	International A	; and was							
	amended on					plicable)			
	amended by any amendment referred to above.  I acknowledge the duty to disclose information whice Regulations, §1.56.  I do not know and do not believe the same was ever known thereof, or patented or described in any printed publication year prior to this application, that the same was not in pulprior to this application, that the invention has not been parallel of this application in any country foreign to the U representative or assigns more than twelve months (six magnetication by me or my legal representatives or assigns, except the problem of the property program priority benefits under Title 35.			United States Code, \$119(a)-(d) of any foreign application(s) for pater below any foreign application for patent or inventor's certificate havin is claimed:  Priority Claimed  January 7, 2004					
		<del>_</del>	<del></del>		. 📙	Ü			
	(Number)	(Country	)	(Month/Day/Year Filed)	Yes	No			
	(Number)	(Country	<u> </u>	(Month/Day/Year Filed)	Yes	No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional Application(s): (if any)	(Application Number	er)	(Filing Date)						
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	Date of Filing (	Month/Day/Year)				
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Number	er)	(Filing Date)	(Status - patent	patented, pending, abandoned)				
Page 1 of 2 (Rev. 07/2003)	(Application Number	er)	(Filing Date)	(Status - patent	nted, pending, abandoned)				

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Il Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Il Name of First or Sole Inventor: ert Name of inventor ert Date This Document is Signed	Yuji ANDO	Yuji Ando		June 1,2006					
sert Residence	Residence (City, State & Country)	750	CITIZENSHIP	)					
sert Citizenship →	Yamatokoriyama-Shi, Nara, Japan		Japanese						
sert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	65-6, Yatayama-Cho, Yamatokoriyama-Shi, Nara 639-1055 Japan								
II Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Kazuyuki MATSUBAYASHI	Kazuyuki MATSUBA	YASH1	June 1,2006					
	Residence (City, State & Country)		CITIZENSHIP	CITIZENSHIP					
	Osaka-Shi, Osaka, Japan								
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	1-16-12-104, Abikonishi, Sumiyoshi-Ku, Osaka-Shi, Osaka 558-0015 Japan								
II Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Shinya UEDA	Shinya UEDA		June 1,2006					
	Residence (City, State & Country)		CITIZENSHIP						
	Yamatotakada-Shi, Nara, Japan		Japanese						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	2-3-502, Showa-Cho, Yamatotakada-Shi, Nara 635-0013 Japan								
Il Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIF						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Il Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Il Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIF	•					
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)							

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